

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 10-1-05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	354,834	+30.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>medical malpractice</u> <u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?

If so, specify: _____

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

see explanatory memorandum national hospice & palliative care org.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

JUL 27 2005

SPRINGFIELD, ILLINOIS

American Alternative Insurance Corporation

Name of Company

Stephen J. Corbett - Vice President

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
Revision effective -0.7 for Optional Blanket Jewelry

6/24/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
	Valuable Items Plus	-7.0%
	Endorsement HA-61B	

Home d HVH
Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See our letter and Explanatory Memorandum.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will result from application of new rates.

The Automobile Insurance Company of Hartford, Connecticut

Name of Company

Gene M. [Signature]

Director

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective:

New Business: 07/21/2005 Renewal Business: 08/26/2005

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Bolier and Machinery		
9.	Fire		
10.	Extended Garage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril Businessowners		
14.	Crop Hail		
15.	Other <u>Businessowners</u>	<u>\$891,631 (Exact)</u>	<u>-3.4% (Estimate)</u>
Line of Insurance			

Does filing only apply to certain territory (territories) or certain classes? If so, specify? NoBrief description of filing. (If filing following rates of an advisory organization, specify organization): Introduction of Merit Rating Plan, \$2,000,000/\$2,000,000 Liability Limits, and expansion of Building Age Discount.

* Estimated from Inforce Premium.

** Change in Company's premium level which will result from application of new rates.


Auto-Owners Insurance Company
 Name of Company

Emily Schmitt
 Emily Schmitt, Administrator
 Commercial Prop. & Liab. Actuarial

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective New: 07/05/05 Ren: 08/10/05.

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Commercial Umbrella</u>	\$968,318	+4.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

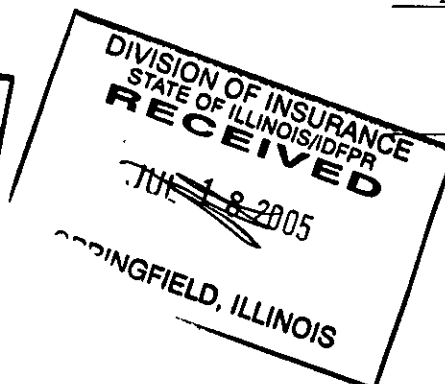
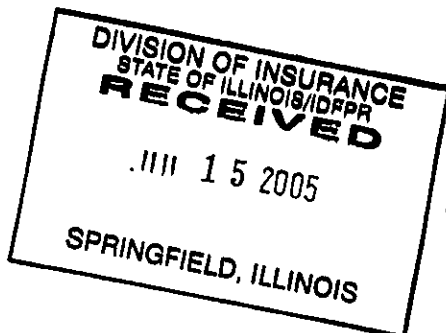
Brief description of filing. (If filing following rates of an advisory organization, specify organization): rate and rule

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Auto-Owners Insurance Company
Name of Company

Brandi Holly
Manager, Other Liab Actuarial



SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective New: 07/05/05 Ren: 08/10/05.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Commercial Umbrella	\$968,318	+4.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing following rates of an advisory organization, specify organization): rate and rule

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Auto-Owners Insurance Company
Name of Company

Brandi Holly
Manager, Other Liab Actuarial

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective New: 07/05/05 Ren: 08/10/05.

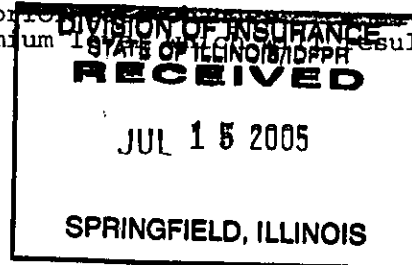
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Executive Umbrella</u>	<u>\$1,258,621</u>	<u>+3.3%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so,
specify: no

Brief description of filing. (If filing following rates of an advisory organization,
specify organization): rate and rule

* Adjusted to reflect all prior rate changes.

** Change in Company's premium is the result from application of new rates.



Auto-Owners Insurance Company
Name of Company

Brandi Holly
Manager, Other Liab Actuarial

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Medical Malpractice	438,098	+8.0%
(Nurses Professional Liability)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

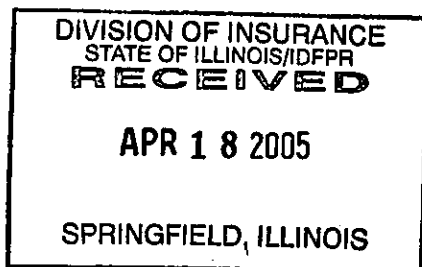
The proposed rate increase affects the Group Owners and Group Non-Owners subclasses of the Nurses Professional Liability program.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing represents a base rate change of +8.0% for the Nurses Program.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Chicago Insurance Company
Name of Company

A handwritten signature in black ink, appearing to read "Joseph Hauer". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Product Executive

Official - Title

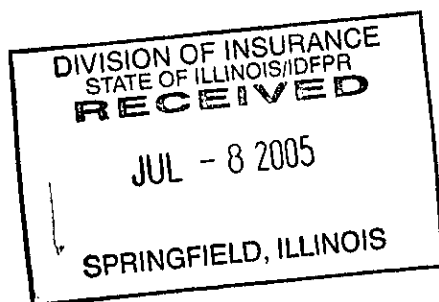
H29219D

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/16/05

	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Spectrum Policy Program</u>	<u>112422</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

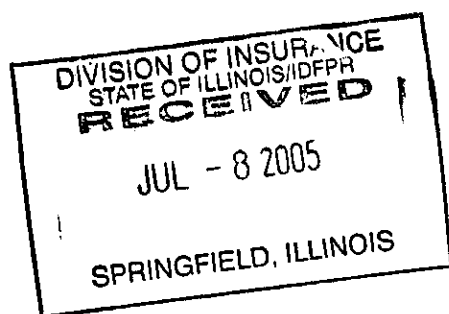
Hartford Accident and Indemnity Company
Name of Company_____
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/16/05

	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Spectrum Policy Program</u>	<u>30918908</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Hartford Casualty Insurance Company

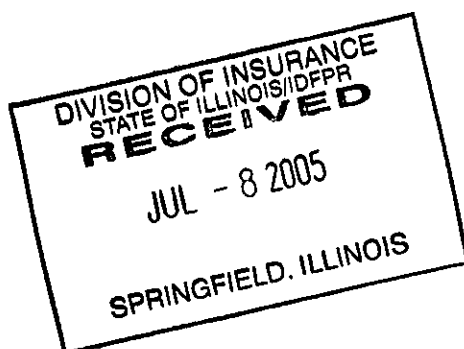
Name of Company

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/16/05

	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Spectrum Policy Program</u>	<u>4556277</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

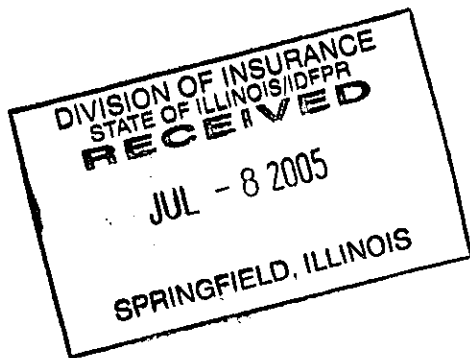
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Included in Explanatory memo. _____Hartford Fire Insurance Company
Name of Company_____
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/16/05

	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Spectrum Policy Program	831519	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____



Hartford Insurance Company of Illinois
Name of Company

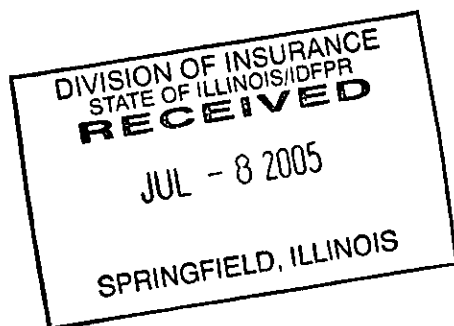
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/16/05

	(2)	(3)
	Annual Premium Volume (Illinois)	Percent Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Spectrum Policy Program</u>	<u>47117</u>	<u>-0.1%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Hartford Underwriters Insurance Company
Name of Company_____
Official - Title

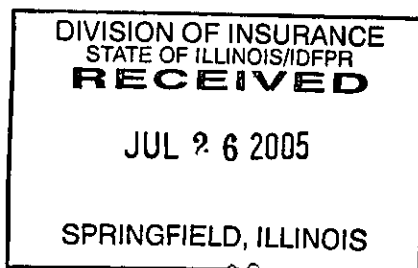
Change in Company's premium or rate level produced by rate revision effective October 15, 2005.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+or-) **</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Farmowners personal</u> <u>Line of Insurance</u>	\$1,047,843	+10%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Change applies to all territories and all classes.

Brief description of filing: (If filing follows rates of an advisory organization, specify organization): Rate Revision for Farmowners Program

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Meridian Citizens Mutual
Insurance Company

Name of Company
Suzanne Fearnow
Personal Lines Staff

Official - Title

SUMMARY SHEET

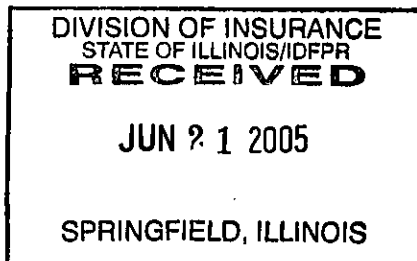
Change in Company's premium or rate level produced by rate
revision effective October 15, 2005.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+or-) **</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Farm Umbrella</u>	\$16,643	+24.1%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Change applies to all territories and all classes.

Brief description of filing: (If filing follows rates of an advisory organization, specify organization): Rate Revision for Farm Umbrella Program

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



Meridian Citizens Mutual
Insurance Company

Name of Company
Suzanne Fearnow
Personal Lines Staff

Official - Title

Change in Company's premium or rate level produced by rate revision effective October 15, 2005.

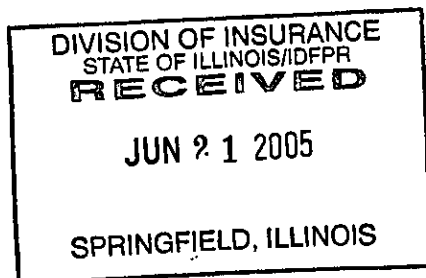
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+or-) **</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Farm Fire and</u>	\$49,929	+3.8%
<u>Liability</u>		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Change applies to all territories and all classes.

Brief description of filing: (If filing follows rates of an advisory organization, specify organization): Rate Revision for Farm Fire and Liability Program

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Meridian Citizens Mutual
Insurance Company

Name of Company
Suzanne Fearnow
Personal Lines Staff

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective:

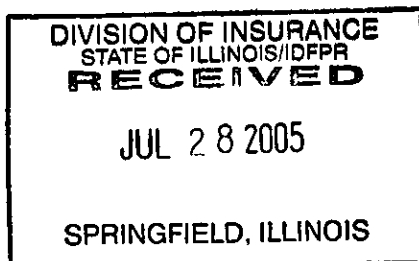
New Business: 07/21/2005Renewal Business: 08/26/2005

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Bolier and Machinery		
9.	Fire		
10.	Extended Garage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril Businessowners		
14.	Crop Hail		
15.	Other <u>Businessowners</u>	<u>\$4,699,696 (Exact)</u>	<u>-3.4% (Estimate)</u>
Line of Insurance			

Does filing only apply to certain territory (territories) or certain classes? If so, specify? NoBrief description of filing. (If filing following rates of an advisory organization, specify organization): Introduction of Merit Rating Plan, \$2,000,000/\$2,000,000 Liability Limits, and expansion of Building Age Discount.

* Estimated from Inforce Premium.

** Change in Company's premium level which will result from application of new rates.

Owners Insurance Company
Name of Company

Emily Schmit
Emily Schmit, Administrator
Commercial Prop. & Liab. Actuarial

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective New: 07/05/05 Ren: 08/10/05.

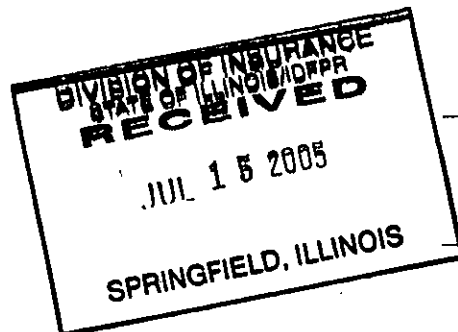
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Executive Umbrella</u>	\$82,569	+3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so,
specify: no

Brief description of filing. (If filing following rates of an advisory organization,
specify organization): rate and rule

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Owners Insurance Company
Name of Company

Brandi Holly
Manager, Other Liab Actuarial

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
Revision effective -0.7 for Optional Blanket Jewelry

6/24/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	Valuable Items Plus	-7.0%
15. Other	Endorsement HA-61B	
<u>Home & HVH</u> Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

See our letter and Explanatory Memorandum.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will
result from application of new rates.

The Travelers Indemnity Company of America

Name of Company

Director

Official - Title

Change in Company's premium or rate level produced by rate
Revision effective -0.7 for Optional Blanket Jewelry

6/24/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	Valuable Items Plus	-7.0%
15. Other	Endorsement HA-61B	
<u>Home & HVH</u>		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

See our letter and Explanatory Memorandum.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will
result from application of new rates.

Travelers Personal Insurance Company

Name of Company

Director

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
Revision effective -0.7 for Optional Blanket Jewelry

6/24/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	Valuable Items Plus	-7.0%
15. Other	Endorsement HA-61B	
<u>Home of HVH</u>		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

See our letter and Explanatory Memorandum.

* Adjusted to reflect all prior rate changes.

** Changes in Company's premium level which will
result from application of new rates.

Travelers Property Casualty Insurance Company

Name of Company

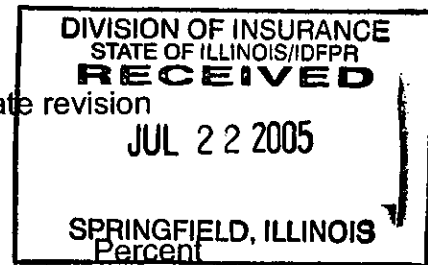
Ken M. Brady

Director

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

Effective: Not a revision; these are new rates

	(1)	(2)	(3)	
	<u>Coverage</u>		<u>Annual Premium Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Worker's Compensation			
16.	Other <u>Mortgage Guaranty</u>		<u>\$7,340,157 (2004)</u>	<u>0</u>

COPY

Does filing only apply to certain territory (territories) or certain classes?

If so, specify: N/A

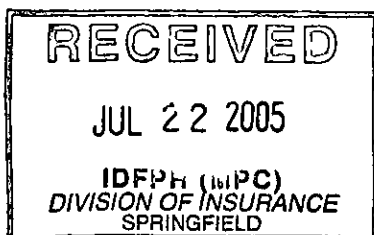
Brief description of filing: (If filing follows rates of an advisory organization, specify organization):

New nonrefundable rates for lender paid mortgage insurance.TGR-268 (06/05) et al

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.Triad Guaranty Insurance Corporation

Name of Company

NAIC #
24356

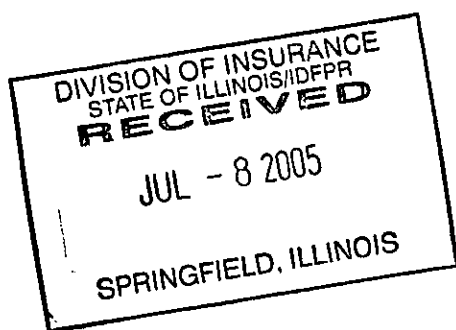
Deborah Robinson
Deborah Robinson, Senior Compliance Analyst

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/16/05

	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Spectrum Policy Program	11314	-0.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____



Twin City Fire Insurance Company
Name of Company

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _____

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other (Insurance Agents E&O)	307,262	-10.2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/a - new filingBrief description of filing. (If filing follows rates of an advisory organization, specify organization): See attached cover letter; surcharge reduction

*Adjusted to reflect all prior rate changes.

*Change in Company's premium level which will result from application of new rates.

United States Liability Insurance Company

Name of Company

Melissa M. Egan
Official _____ Title

Asst. Vice President



SUMMARY SHEETChange in Company's Premium or rate level produced by rate revision effective 9/1/2005

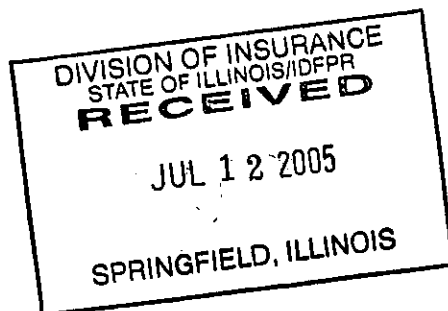
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Garage Businessowners</u>	406,563	-6.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
See Cover Letter

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
See Cover Letter

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



West Bend Mutual Insurance Company
Name of Company

Pam Allison, CPCU, AU - Staff Underwriter
Official - Title

SUMMARY SHEETChange in Company's Premium or rate level produced by rate revision effective 9/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Garage</u>	<u>1,179,250</u>	<u>-0.4%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

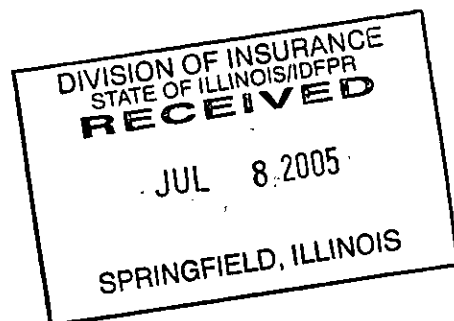
See Cover Letter

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Cover Letter

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company
Name of CompanyPam Allison, CPCU, AU - Staff Underwriter
Official - Title